

## EXTRACURRICULAR INFORMATION FORM

Name of Applicant:
Please list below, using additional paper if necessary your:  1. Special awards and honors, with dates.
<ol> <li>School and outside club memberships and activities, noting leadership positions are honors received, with dates.</li> </ol>
3. Employment, both after school and in summer, with dates and hours per week.
4. Volunteer involvement, with dates and hours per week.
5. School athletics (note captain, varsity, letter, MVP, all-league, etc.), with dates.
Congressman Mike Thompson, 2300 County Center Drive, Suite A100, Santa Rosa CA 9540. Phone (707) 542-7182 Fax (707) 542-2745

6. Out-of-school recreational activities	s, with dates.
After you complete your list, give this form of your counselor for certification and sealing.	
To the councelor. Please certify the infer	rmation above by signing below and place
· · · · · · · · · · · · · · · · · · ·	, signed across the flap, and return it to the
this completed form in a sealed envelope applicant for inclusion in the complete applicant	, signed across the flap, and return it to the
this completed form in a sealed envelope applicant for inclusion in the complete applicant	, signed across the flap, and return it to the pplication packet. Thank you.  Date
this completed form in a sealed envelope applicant for inclusion in the complete applicant (signature)	, signed across the flap, and return it to the pplication packet. Thank you.  Date